**COLLABORATIVE PROBLEM SOLVING APPROACH:   
An Evidence-Based Approach to Address the Needs of Challenging Students**

**THE MODEL**

There are more kids with social, emotional, and behavioral challenges in school classrooms than ever before. Whether you're a general or special education teacher, a guidance counselor or school psychologist, an administrator or superintendent, these kids present challenges that go well beyond the academic curriculum.  
  
Challenging students often come with various labels attached: Asperger's disorder, bipolar disorder, attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), nonverbal learning disability. But these labels don't provide you with the information you need to truly understand a student's unique difficulties or help him overcome his challenges. And you've probably come to recognize that the school discipline program with detentions and suspensions isn't helping very much, either. How do you help these kids overcome their challenges? Collaborative Problem Solving will help you better understand the difficulties of challenging students and learn new, more effective ways to help them overcome their challenges at school.  
  
**So what exactly should I be doing?**  
First...figure out what skills each specific challenging student is lacking and what problems continuously set the stage for that student’s challenging episodes. You can download the Thinking Skills Inventory to help you identify the specific situations in which each challenging student is most likely to exhibit challenging behavior. During specific academic tasks? Or circle time? On the school bus? During lunch? At recess? In the hallway between classes? We call these "triggers" or "problems to be solved." If a problem is still setting the stage for challenging episodes, then that’s pretty solid proof that the problem isn’t solved yet.  
  
The Thinking Skills Inventory also lists lots of skills we frequently find lagging in challenging kids. Take a few moments to look at the list…you’ll probably find many items that describe your challenging students to a tee. We call these "skills that need to be trained," and as you’ve already read, the school discipline program doesn’t teach any of these skills.  
  
Once you’ve identified the lagging skills and unsolved problems contributing to a student’s difficulties, you’re ready for an approach geared towards solving problems and teaching skills described in the book, Treating Explosive Kids: The Collaborative Problem Solving Approach. It’s how we help educators solve problems, teach skills, restore communication, and improve relationships with their challenging students.  
  
**How does the approach work?**  
Well, instead of helping adults get better at imposing their will and giving kids the incentive to comply, we help helps kids and adults learn how to solve problems together. Along the way, kids learn how to be more flexible, better tolerate frustration, solve problems, and a whole bunch of other skills crucial for handling life’s challenges. Is it hard work? Yes, very hard work. But you’re working hard already. The Collaborative Problem Solving Approach can help you have something to show for your hard work and help you and your challenging students begin to collaborate on solving the problems that have been causing classroom disruptions for a long time.  
  
**Is this an evidence-based treatment model?**  
Over the past few decades, there has been no paucity of research documenting the presence of cognitive deficits in children with behavioral difficulties. A wealth of research has demonstrated that executive function skills, language processing skills, emotion regulation skills, cognitive flexibility skills and social skills are implicated in children's social, emotional, and behavioral challenges. In terms of efficacy and effectiveness research pertaining to the model, the first randomized, controlled clinical trial comparing our model to the standard of care (emphasizing rewards and punishments) in an outpatient setting for children with multiple psychiatric disorders demonstrated the approach to be in all cases equivalent and in many superior. Follow-up data showed treatment gains were maintained in the problem solving condition (this was not true for the standard of care). Our model is currently being studied in numerous independent settings as well.  
  
The Collaborative Problem Solving Approach has also been shown to dramatically reduce or completely eliminate mechanical, physical and chemical restraints and locked-door seclusion in inpatient psychiatry units, residential treatment facilities and schools throughout North America.   
  
**How does your model differ from anger management programs?**  
In placing primary emphasis on training children to manage their anger, many existing programs are quite explicit in targeting an "identified patient" (the child) and lose sight of the transactional nature of the child's interactions with the world. Moreover, such training typically takes place in the therapist's office outside of the contexts in which the child is having difficulty. The child is then sent back into the "real world," armed with new skills so as to be the primary agent of change. We don't think that's a particularly realistic treatment approach. In this model, training involves all relevant interaction partners; in other words, there is no identified patient. Thus, the training takes place in the environments where the child is having the greatest difficulty and everyone learns the skills.  
  
**You seem to be saying that oppositional episodes do not cause a child to learn that adults will capitulate to his or her wishes. Does this mean that you think no learning is occurring? How can this be?**  
In its focus on antecedent events, cognition and situational specificity, learning theory is actually the central theoretical underpinning of the model. What we question is the automatic assumption that a child has learned that challenging behavior is an effective means of seeking attention or coercing adults into capitulating. Thus, we also question the automatic premise that what a child needs to be taught is that his challenging behavior will not attract attention (adults typically teach this lesson by withdrawing reinforcement, otherwise known as ignoring, or time-out, or suspension from school) and that adults will not even discuss the concerns that caused the child to become frustrated in the first place (thereby ensuring that capitulation will not occur).  
  
In actuality, there are many other things a child could have learned from his or her repeated challenging episodes. He might have learned that when he becomes frustrated, his adult interaction partners often become frustrated as well, and that this compounds his initial frustration. He might also have learned that his adult interaction partners become highly inflexible and rigid themselves when he becomes frustrated, and aren't exactly sure how to proceed in a manner that will effectively reduce his frustration. He most certainly has learned that punishment is often the end result of these episodes, and that the punishment doesn't seem to be making things any better. It follows that there are many alternative things a child could be taught; for example, that adults are able to respond to his frustration in a manner that reduces agitation, resolves frustrations in a mutually satisfactory manner, teaches lacking thing skills, and makes things better.  
  
**Is there research to support this approach as a best practice with really challenging kids?**  
Indeed. The Collaborative Problem Solving Approach has been shown to be equivalent or superior to the standard rewards and punishment approach with extremely challenging children in an outpatient setting. It has also been shown to dramatically reduce detention rates in schools, to completely eliminate the need for restraint and seclusion practices in therapeutic schools and facilities, and to send recidivism rates plummeting in juvenile detention centers.  
  
**What do you tell parents or teachers who want to know how to tell the difference between when a child's behavior is manipulative and when it is driven by a lack of skill?**  
We don't know anyone who can reliably distinguish between the two patterns - especially at times when reliable distinctions are most important (with a frustrated child in front of you!). The children with whom we work typically lack the requisite skills (forethought, planning, impulse control, organization) for competent manipulation. There's really no risk in using this new model even with children who are "convincingly manipulative" because a mutually satisfactory solution requires that both the child's and the adult's concerns be addressed. We often ask ourselves, "Why is this child going about getting his or her concerns addressed or needs met in such an apparently manipulative or indirect fashion?" The answer that usually applies: "Because the more direct route to having his concerns addressed or needs met has historically been blocked (by adults imposing their will)."  
  
**IMPLEMENTATION**

**What are the most common issues you see with adults trying to implement this model?**  
We find that, early on, many adults attempting to implement this new approach don't feel completely comfortable assessing the lagging thinking skills found on the Thinking Skills Inventory and continue to describe children's difficulties using diagnoses or "dead-end" explanations. Remember, a diagnosis gives no information about the specific thinking skills a given child may be lacking and therefore does not point in a direction as it relates to what skills are to be trained. Adults new to this approach are often too eager to jump to intervention - usually because they want to be responsive to the family's and school's level of distress but also because they are excited to have some practical tools - and therefore completely bypass the assessment of lagging thinking skills. But there is a danger in introducing intervention strategies before the parents have been convinced of the existence of cognitive skills deficits and signed on to their new role. So long as an adult (parent, educator, therapist) still believes that a child is willfully misbehaving, that adult will have no rationale for practicing the process solving problems collaboratively with the child.  
  
**This sounds like its going to take a lot of time and individual attention, and I have 25 kids in my class!**  
You do have your hands full, but nothing is more time consuming than chronic problems that go unsolved and lagging skills that don’t get taught. Coming to school to be greeted by the same old problems, day in and day out, is the largest drain on an educator’s time and patience. Fortunately, we find that most challenging kids are challenging only under predictable circumstances, so that skills can be taught and problems solved proactively.  
  
**How does consistency fit in? As educators, we are taught that consistency is crucial for good behavior management in the classroom.**  
Consistency usually refers to doing the same thing for everyone which in our book means giving no one individual child what they need. Doing the same thing for everyone doesn’t tend to work well when it comes to meeting the varied academic needs of the kids in a class…and it doesn’t work very well when it comes to behavior difficulties, either. The trick is figuring out which specific problems need to be solved and skills trained for each given child. The approach is the same as you would use with any other type of learning disability.  
  
**It seems like more and more children are coming to school with serious psychiatric diagnoses these days. Does this approach work for children with emotional disabilities as well as behavioral disabilities?**  
We typically don’t find diagnoses or categorical descriptions to be very helpful. They certainly don’t explain what an educator’s role or goal is with a child. We prefer to describe the specific skills that may be lagging and problems that are reliably precipitating a child’s worst moments to make it clear what our task is: teach those skills and solve those problems! See the Thinking Skills Inventory for an introduction to the types of skills we are talking about.

**JIGSAW PROTOCOL**

Divide into FOUR groups of 5 participants  
Group 1 will read the first half and stopping at the "Research and Practice" section. Group 2 will read the second half beginning with the "Research and Practice" section.  
  
**Facilitator**: keeps time and supports group members in attending to the task.  
  
5 minutes - Reading and individual highlighting points that interest them and that they think others should attend to.  
  
5 minutes - Discussion and group highlighting. Construct a list of key points on a chart to share with the whole group.  
  
3 minutes - Gallery walk. Attach post-it's to the other group's chart with questions, comments, affirmations, examples.  
  
3 minutes - Revisit and response. Return to your group's chart and review and discuss comments posted by others.  
  
3 minutes - General discussion and debriefing. Share out with whole group.